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ABSTRACT

The subjects of this study were mothers of 8-year-old and 14-year-old boys. Each mother was presented with six vignettes, four of them depicting moderately severe problem behaviors and two of them more severe problems. Mothers rated each on: (1) how serious a problem it was; (2) what might have caused it; (3) how they would attempt to deal with it; (4) how confident they were about being able to deal with it; and (5) how likely they were to seek help from outside the family. Although not precluding the possibility of real behavioral differences between first-born and later-born children (especially boys), the data suggest that a mother's lack of experience in dealing with problem behaviors is a major factor in accounting for the greater utilization of child mental health services by first-born children. (Author/BP)

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Maternal Reactions to Problem Behaviors and Ordinal Position of Child[1]

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The present paper examines maternal reactions to troublesome behavior of sons as a factor in the differential utilization of child mental health services for first-born and later-born boys. Previous authors have noted that the referral of a child to a mental health clinic often reflects the degree of maternal concern as well as the overt severity of the child's deviant behavior. In fact, when parents rate the behavior of their children on symptom checklists, there appears to be very little difference in the incidence of problematic behavior among clinic-referred children and non-clinic children matched for age and sex (Conners, 1970; Schectman, 1970; Shepherd, Oppenheim, & Mitchell, 1971). These findings suggest that the major difference between clinic and nonclinic samples is located in the appraisal of mothers who are attempting to cope with troublesome behavior. Shepherd, Oppenheim and Mitchell (1971) compared mothers' behavior ratings of clinic and nonclinic attenders, matched for age, and sex as well as behavior pattern. They found that the mothers of the clinic-attending children were more anxious about their children and felt less equipped to cope effectively with them than did their counterparts. The results of this study imply that many purported behavior disorders of childhood may represent normal, self-limited developmental variants. However, when observed by mothers who lack confidence in their understanding of their child's behavior, these behaviors are interpreted and handled as having serious long range implications.

While there may be a number of factors contributing to a mother's

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anxiety about her child's psychological well-being, there is additional evidence from epidemiological research that has led us to focus on experience in parenting as the primary variable in the present study. (We might note, parenthetically, that our emphasis on maternal anxiety is not meant to imply either that fathers are unconcerned about their children or that mothers make all the family decisions regarding psychological help-seeking. There is, however, ample evidence suggesting that mothers are more likely to make contact with mental health resources than are fathers. Furthermore the existing data on parental ratings of child behavior is largely based on mother's ratings alone.) Our thinking was that, individual differences aside, a first child represents a different order of responsibility for a parent than a later-born child. With later-born children the mother has had opportunity to test child-rearing strategies and has acquired a set of development norms for problem behaviors. She has seen the child grow through a series of normative difficulties and has learned to tolerate certain anxieties and to rely more on her own resources. Thus the mother of a later-born child is less likely to seek professional consultation than the mother of a first-born child. Clinic utilization records demonstrate the differences in ordinal position commensurate with just such a hypothesis. First-born children are more frequently referred to mental health professionals than are later-born children. This statistic is reflected in a number of surveys (Rosenow & Whyte, 1931; Tuckman & Regan, 1967) and holds even when controls for family size are applied to the data. Reports of maternal child-rearing practices (Sears, Maccoby,

& Levin, 1957) allude to the disparate expectations held by parents for their first- and later-born children, and suggest that parents will tend to view the self-same behavior from a different perspective depending on whether it is observed in a first- or later-born child.

A final demographic variable influencing the probability of a clinic referral is the sex of the child. Boys are consistently overrepresented in samples of children evaluated for behavior problems. Rarely are pre-pubertal psychological disorders found to be more prevalent among girls than among same-age boys. In keeping with this pattern, boys are referred to clinics at least twice as frequently as are girls (Rosen, Bahn, & Kramer, 1964). The decision to investigate mothers' reactions to boys' problem behavior rather than girls' behavior was based partially on this greater prevalence of referral for boys than girls, but also on the hypothesis that inexperience on a mother's part would more likely be accentuated with a son rather than a daughter.

The preceding data suggest that differences in clinic utilization for first-born and later-born children is at least partially accounted for by the greater anxiety of mothers of first-borns over the future implications of their child's troublesome behaviors. This hypothesis was examined in an interview study in which mothers of first- and later-born boys responded to a set of hypothetical descriptions about problem behaviors. These items emphasized observable behaviors as opposed to traits or adjectives and the behaviors were selected on the basis of epidemiological survey data on age-related patterns of problem behaviors (MacFarlane, Allen, & Honzik, 1954).

Methods

The subjects of the study were mothers of 8-year-old and 14-year-old boys contacted through membership lists of the local YMCA. The original sample consisted of 20 mothers in each cell of the 2 x 2 design (age of son x ordinal position of son). A sub-sample of 64 women (16 per cell) was selected to provide 4 groups matched for age and education. The age matching was done primarily on the basis of the age at which the women had begun their families. The mean ages were as follows: mothers of 8-year-old first borns, 34.5 years; 8-year-old later borns, 40.7 years; 14-year-old first borns, 39 years; and 14-year-old later borns, 43.4 years. The subjects were well-educated (15.5 years of schooling) and all were white. Later-born boys were operationally defined as having at least one brother older by a span of 18 months to 6 years.

Each mother was presented with six vignettes, four of these depicting moderately severe problem behaviors and two of them more severe problems. The content of the vignettes was roughly equivalent for the 8-year-old and 14-year-old vignettes with wording changes made appropriate to the age of the boy being described. Mothers were asked to assess the seriousness of the problem described in each story, to speculate on the causes of the behaviors, to indicate ways they would attempt to deal with the behavior, to indicate how confident they were about being able to deal with it, and how likely it would be that they would seek help from someone outside the family. Subjects made ratings for these questions on objective scales and also gave open-ended responses that were later coded and categorized.

Each mother was asked, at the conclusion of the interview, if she had recently observed any of the behavior patterns in her own son, and, if so, how concerned she felt about this behavior.

Results

As predicted, mothers of first-born sons were more likely to seek help from mental health professionals than mothers of later-born boys. The latter were more likely, instead, to try to mobilize the boy's efforts to cope with his problems. In keeping with this finding were the data on mothers' conceptions of causal factors behind these problem behaviors. Mothers of first-borns were more likely to attribute a boy's problems to family instability and inappropriate parental expectations, while the mothers of later-born sons were more likely to see the problems as stemming from a lack of skills and coping mechanisms on the part of the child himself.

The data on arousal of maternal concern were more complex, and the age of the child played a part in this complexity. Two factors seemed to influence maternal concern: the perceived seriousness of the problem and whether or not a mother had already seen a child through the age of development in question. Overtly equivalent behavior problems were seen as more serious in a 14-year old than an 8-year old. The mothers of 14-year olds also had different concerns about the future implications of these problem behaviors than mothers of 8-year olds. The former were concerned about the subsequent institutionalization of the boys. They worried about the 14-year old boys winding up in jail or in a mental hospital, depending on the types of problem behavior. In contrast, the mothers of 8-year-old boys worried about the boys' low self-esteem and social isolation from peers as a consequence of problem behaviors.

Maternal concern also seemed to depend upon the extent to which mothers perceived themselves as competent and experienced problem-solvers. In this respect, the mothers of the later-born boys had an advantage over the mothers of the first-borns. As already noted, mothers of the later-borns said that they would feel capable of handling the behaviors without professional intervention and, in particular, would attempt to encourage and help the child to deal with his own problems. Unlike the mothers of the first-borns, the mothers of the later-borns were not burdened by feeling guilty about their involvement in causing the problems, and hence were free to direct their energies toward the solution of the problems. Mothers of first-borns, however, were anxious about having created the problems for the boy and, without experience to guide them, were particularly insecure about their own abilities to confront the difficulties. As a result mothers of later-born 8-year olds projected much less concern about the total set of problems than the other three groups of mothers.

Although not precluding the possibility of real behavioral differences between first-born and later-born children, sons especially, the preceding data suggest that a mother's lack of experience in dealing with problem behaviors is a major factor in accounting for the greater utilization of child mental health services by first-born children. Having seen at least one son through a developmental period seems to provide a mother with a perspective on children's problems that takes the onus or responsibility off of self and enables her to look at deficiencies in her child's skill repertoire that she can help him remedy. In our judgment the perspective of the more experienced

mother is the more adaptive of the two perspectives. The clinician who shares this judgment would therefore want to take cognizance of the birth order of a referred child in dealing with that child's parents. With such parents, one would want to direct parental attention away from blame casting or labeling tendencies and toward a problem solving focus that emphasizes the child's skills and the family's resources.

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